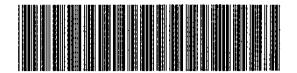
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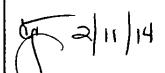
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COVER LETTER

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to

register the above referenced not for profit corporation to conduct its affairs in Florida.

practic Association, Inc.
prior must include suffix
Neurology

Certified Copy

TO:

Dear Sir or Madam:

New Filing Section Division of Corporations

> American Chiron Name of Corpora Council on

Please return all correspondence concerning this matter to the following:
DR. Julie K. Bjornson Name of Person
ACA Council ON Neurology Firm/Company
5816 SE RIVEY BOAT DRIVE
Address
STUART, FL 34997 City/State and Zip Code
<u>neurosecre tavu @ Live</u> . com E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
DR. Julie K. Bjornson at (772) 485-8558 Name of Person Area Code & Daytime Telephone Number
Name of Person Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Tallahassee, FL 32301 Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32301
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certificate o

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2014

DR. JULIE K. BJORNSON 5816 SE RIVERBOAT DRIVE STUART, FL 34997

SUBJECT: AMERICAN CHIROPRACTIC ASSOCIATION, INCORPORATED

Ref. Number: W14000002522

Centeriterce of \$1.50

We have received your document for AMERICAN CHIROPRACTIC ASSOCIATION, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

You must list the treasurers name.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden

Regulatory Specialist II New Filing Section Letter Number: 314A00000878

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State Tay of State of

www.sunbiz.org

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. American Chropractic Association Two (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevimport in language as will clearly indicate that it is a corporation instead of a natural person or partnership if no in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	iations of like ot so contained
2. Delawave (State or country under the law of which it is incorporated) 4. November 17,1930 5. Dev petual (Duration: Yearlcorp. will cease to exist or to the law of Incorporation)	131375
6. NA (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine 7. 1700 Clarendon Arlington, VA 22200 (Principal office addless)	e penalty liability.)
1700 Clarendon, Arlington, VA 2220 (Current mailing address) The ACA is the Non-Profit Trave Organization for Profession. The ACA Council on Neurology is the non-membership council for the specialty in Neurol (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	or the CHIROPRACT on-profit ACA
9. Name and street address of Florida registered agent: (PsO. Box NOT acceptable) DR. Julie K. Bjornson Name: ACA Council on Neurology Office Address: 5816 SE Riverboat Drive	SECHLIAPY NVISION OF LA
STUART, Florida 3497 (City), Florida 3497 (Zip Code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpor	AHIO: 47
designated in this application, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relative to the proper and complete performance, and I am familiar with and accept the abligations of my position as registered agent	in this capacity. I rmance of my

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

	Wiston of
12. Names and addresses of officers and/or directors	16 6 100 11 11 100
12. Names and addresses of officers and/or directors A. DIRECTORS American Chiropractic Association.	INCO , PROSTATE
michael Simone - C	1410: 6 77548
Address: P.O. Box 217	
Decono CO 80514	
Kieth Overland - P	
Address: 83 EAST Avenue, Suite 313	•
Norwalk CT 06851	
AnTHONY W. HAMM - V	
Address: 1100 Parkway DRIVE, Suite B	
GoldsboroiNC 27534	
Rick. A McMichael - D	
Address: 3945 Fulton Drive NW	
<u>CANTON, OH 44718</u>	
B. OFFICERS ACA COUNCIL ON NEUROLOGY	
President: FREDERICK R. Carrick - P	
Address: 203-8941 Lake DRIVE	
Cape Canaveral, FL 32920	
Vice President: Robert Humphreys - V	
Address: 1004 Hammerschmidt	
Lombard, IL 60148	
Secretary: Julie K. Biornson - S	F/ 20007
Address: 5816 SE Riverboat DRIVE STURYT,	PC 3499/
Address: 5816 SE RIVEYBOAT DRIVE STUART	,FL 34997
Address: SE OF LIVE WITH DICKY STORIES	1. C STIL
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	lication)
14. Julie K. Bjornson, Dc. Secretary ACA (Typed or printed name and capacity of person signing application)	

JANUARY 2,2014

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Search

ACA Board of Governors

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Gov. District 4

(DC, DE, IN, MD, OH, PA, VA, WV)

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Fax (540) 951-8900

E-mail: raytuck@tuckclinic.com

Richard Bruns, DC



(CT, MA, ME, NH, NJ, NY, RI, VT)

371 Union St Bangor, ME 04401 Phone: (207) 947-1199 Fax (207) 942-8729 E-mail: caddis371@aol.com



Gov. District 5

(AL, FL, GA, KY, LA, MS, NC, PR, SC, TN And US Virgin Islands)

John McGinnis, DC

764 West Liberty Street 1 Medical Court Sumter, SC 29150 Phone: (803) 778-2446

Fax (803) 773-7544 E-mail: drmcginnis@ftc-i.net

Gov. District 7

(CA, GU, HI, NV)

Joseph Moreili, DC, FICC

94-050 Farrington Hwy

Suite, E1-18 Waipahu, HI 96797 Phone: (808) 671-2685 Fax: (808) 671-9368 Email: crunch@aloha.net



President, Council of Delegates

David Herd, DC

124 N. Main Street Geneva, NY 14456 Phone: (315) 789-2223

Fax: (315) 789-0463

E-mail: drherd@rochester.rr.com



Vice President, Council of Delegates

Karen K. Konarski-Hart, DC

422 North Cedar St.

Little Rock, AR 72205-5538

Phone: (501) 664-1477 Fax: (501) 666-2549

E-mail: karen@konarskiclinic.com

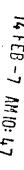


*Members of the Executive Committee

back to top



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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMERICAN CHIROPRACTIC ASSOCIATION,

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

TWENTY-THIRD DAY OF DECEMBER, A.D. 2013.

SECIAL GARY OF STATE
DIVISION OF CORPORATIONS

14 FEB -7 MM IO: 1.7

0291508 8300

131437017

AUTHENTY CATION: 1005586

DATE: 12-23-13

You may verify this certificate online at corp.delaware.gov/authver.shtml